

17157 U.S. PTO  
031504

PTO/SB/50 (08-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	<b>Attorney Docket No.</b>	P69535US0
	<b>First Named Inventor</b>	Gerrish
	<b>Original Patent Number</b>	6,358,503
	<b>Original Patent Issue Date (Month/Day/Year)</b>	March 19, 2002
	<b>Express Mail Label No.</b>	

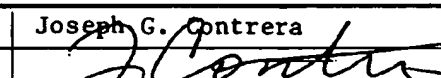
17157 U.S. PTO  
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<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box)	<input checked="" type="checkbox"/> <b>Utility Patent</b>	<input type="checkbox"/> <b>Design Patent</b>	<input type="checkbox"/> <b>Plant Patent</b>
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APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/SB/56)</b> (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> <b>Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).</b>
2. <input type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b>	11. <input type="checkbox"/> <b>Original Patent Grant</b> <input type="checkbox"/> <b>Ribboned Original Patent Grant</b> <input type="checkbox"/> <b>Statement of Loss (PTO/SB/55)</b>
3. <input checked="" type="checkbox"/> <b>Specification and Claims in double column copy of patent format (amended, if appropriate)</b>	12. <input type="checkbox"/> <b>Foreign Priority Claim (35 U.S.C. 119) (if applicable)</b>
4. <input type="checkbox"/> <b>Drawing(s) (proposed amendments, if appropriate)</b>	13. <input checked="" type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input type="checkbox"/> <b>Copies of IDS Citations</b>
5. <input checked="" type="checkbox"/> <b>Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)</b>	14. <input type="checkbox"/> <b>English Translation of Reissue Oath/Declaration (if applicable)</b>
6. <input type="checkbox"/> <b>Power of Attorney</b>	15. <input checked="" type="checkbox"/> <b>Preliminary Amendment</b>
7. <input checked="" type="checkbox"/> <b>Original U.S. Patent currently assigned?</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> (If Yes, check applicable box(es)) <input type="checkbox"/> <b>Written Consent of all Assignees (PTO/SB/53)</b> <input checked="" type="checkbox"/> <b>37 CFR 3.73(b) Statement (PTO/SB/96)</b>	16. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</b>
8. <input type="checkbox"/> <b>CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</b>	17. <b>Other:</b> _____ _____ _____
9. <b>Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</b> a. <input type="checkbox"/> <b>Computer Readable Form (CFR)</b> b. <b>Specification Sequence Listing on:</b> i. <input type="checkbox"/> <b>CD-ROM (2 copies) or CD-R (2 copies); or</b> ii. <input type="checkbox"/> <b>paper</b> c. <input type="checkbox"/> <b>Statements verifying identity of above copies</b>	

## 18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> <b>Customer Number:</b> 00136	<b>OR</b> <input type="checkbox"/> <b>Correspondence address below</b>
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<b>Name (Print/Type)</b> Joseph G. Contrera	<b>Registration No. (Attorney/Agent)</b> 44,628
<b>Signature</b> 	<b>Date</b> March 15, 2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

P69535US0

**Claims as Filed - Part 1**

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(i))	(A) 15	(B) 15	.... =	x \$ ____ =		or	x \$ ____ =	0
Independent claims (37 CFR 1.16(j))	(C) 3	(D) 3	* =	x \$ ____ =			x \$ ____ =	0
Basic Fee (37 CFR 1.16(h))				\$ ____				\$ 770.00
Total Filing Fee				\$ ____			OR	\$ 770.00

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 28	MINUS	** 15	* = 13	x \$ ____ =		x \$ 18 = 234.00
Independent Claims (37 CFR 1.16(j))	*** 6	MINUS	***** 3	= 3	x \$ ____ =		x \$ 86 = 258.00
Total Additional Fee				\$ ____			OR \$ 492.00

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).


☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account Number \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 06-1358.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ 1,262.00 to cover the filing/additional fee is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

March 15, 2004

Date

44,628

Registration Number, if applicable

  
 Signature of Applicant, Attorney or Agent of Record  
 Joseph G. Contrera  
 Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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